Iqaluit Ab Ac

SIGNATURE OF APPLICANT:

CITY OF IQALUIT

MUNICIPAL SERVICES APPLICATION

PLEASE PRINT CLEARLY <u>TENANT ADDRESS</u>

NAME: MAILING ADDRESS:		MOVE IN DATE: PHONE (H):		
		PHONE (W):		
BUILDING NUMBER:		EMAIL:		
# OF UNITS:				
	PROPERTY OWNER A	<u>DDRESS</u>		
NAME:		PHONE:		
MAILING ADDRESS:		EMAIL:		
•		•		
•		•		
TYPE OF SERVICE:	RESIDENTIAL		NEW SERVICE	
	COMMERCIAL		TRANSFER OF SERVICE	
	INDUSTRIAL		UNIT:	
	GOVERNMENT			
	_		OFFICE USE ONLY	
SERVICES REQUIRED:	UTILIDOR WATER		CUSTOMER ID:	
	UTILIDOR SEWAGE			
	TRUCKED WATER		ACCOUNT NUMBER:	
	TRUCKED SEWAGE			
RESIDENTIAL GARBAGE			DATE ENTERED:	
COMMERCIAL GARBAGE (TWICE/WK)				
COMMERCIAL GARBAGE (DAILY)				
GOV'T/INSTITUTIONAL GARBAGE				
GENERAL FEES:	_			
APPLICATION FOR SERVICE (\$26.75)				
	DEPOSIT FEE (\$175.00)			
PUBLIC	WORKS INSPECTION REQUIRED			
IT IS UNDERSTOOD AND AGREED that the permission hereby applied for is subject to due compliance with the provisions of the Water and Sewage Services and Garbage By-laws of the City of Iqaluit as amended, including the completion and delivery or and required waivers.				

DEPOSIT AND/OR METER PURCHASE RECEIPTS MUST BE ATTACHED TO PROCESS APPLICATION

DATE: